



Nikki R. Haley  
Governor

Holly G. Pisarik  
Director

South Carolina  
Department of Labor, Licensing and Regulation

Residential Builders Commission



110 Centerview Drive  
Post Office Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-4696  
FAX: (803) 896-4814

**RESIDENTIAL SPECIALTY REGISTRATION**

Allow 7-10 business days from the date of receipt before checking your application status at  
[www.llr.state.sc.us/pol/residentialbuilders](http://www.llr.state.sc.us/pol/residentialbuilders).

**Application Instructions:**

- Please fill out application in its entirety. Incomplete applications will result in a deficiency letter being mailed to you and a delay in processing your application.
- Include with Application:
  - ☐ Certified Check or Money Order for the registration fee made payable to **SCRBC**.  
\*\*\* Licenses expire on June 30<sup>th</sup> of every odd numbered year \*\*\*
    - \$50 if the license is issued for 12 months or less
    - \$100 if the license is issued for more than 12 months
  - ☐ Copy of your driver's license or other secure and verifiable document.
  - ☐ Completed and notarized **Verification of Lawful Presence Form**
  - ☐ Include written explanation(s) for any "Yes" answer(s) for questions in the "**General Information**" section of the application and include any supporting documentation.
  - ☐ If you answer "Yes" to any question(s) pertaining to an arrest and/or conviction, you must remit a Statewide Background Check from the state where the incident occurred along with your written explanation.
  - ☐ Three (3) letters of reference from individuals other than family members are required. Reference letters:
    - Should demonstrate that the applicant has good character, skills and knowledge.
    - Should contain detailed descriptions of work performed by the individual applicant (Not their company) that is related to the trade classification(s) being applied for.
    - Should not be a format (generic) letter. These will not be accepted.
- A credit check will be run on all applicants and a public index search may be completed.
- If work to be performed is \$5,000 and over; you must submit a surety bond in the amount of \$5,000. Handwritten bonds are not accepted.

Feel free to contact our office at the above number with any additional questions or concerns you may have.



## Residential Specialty Registration Application

### ALL FEES ARE NON-REFUNDABLE

Certified Check or Money Order only made payable to **SCRBC**

RESIDENTIAL SPECIALTY REGISTRATION FEE:

LICENSES EXPIRE JUNE 30<sup>TH</sup> OF EACH ODD NUMBERED YEAR.

**\$100** if the license is issued for more than 12 months, before the next renewal date.

**\$50** if the license is issued for 12 months or less, before the next renewal date.

LICENSE		
Public Index		
CC		
ACTION		
APPROVAL		

Check the three (3) classifications below you want to be registered for:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Vinyl/Aluminum Siding

Floor Covering

Carpenter

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Insulation Installer

Masonry

Stucco Installer

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Roofing

Drywall Installer

Painter/Wall Paper

### A. APPLICANT INFORMATION (Please Print)

Applicant: \_\_\_\_\_

D/B/A Name: \_\_\_\_\_

(If incorporated include a photocopy of Certificate of Existence/Authorization from the SC Secretary of State)

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

### B. FINANCIAL INFORMATION

You must furnish an original surety bond (see attached) with the license fee after passing the examination

The SURETY BOND must be the original document signed by the applicant, in the amount of \$5,000, with the power of attorney attached and the individual's name listed as principal. (Cannot be a company or business name) Hand written bonds will not be accepted.

### C. BUSINESS INFORMATION

Type of Business Entity: (Check type)

Sole Proprietorship: \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

List names of principal owners/executive officers, title, percent ownership, date of birth, address and telephone. Please attach a separate sheet if necessary.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### D. GENERAL INFORMATION (To be answered by the applicant)

**Any question answered YES must be fully explained on a separate sheet, include supporting documentation.**

1. Have you ever been denied a license to practice in the trade classifications being applied for or any similar occupational or professional license? **Yes** **No**
2. Have you ever had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted, or disciplined by any federal, state or local authority or contracted without a proper license? If yes, attach a written explanation and give current disposition. **Yes** **No**
3. Is any investigation or disciplinary action currently pending against you or an organization of which you are or were an executive officer, principal, qualifying party or major shareholder? If yes, attach a written explanation and give current disposition. **Yes** **No**
4. Have you or an organization of which you are or were an executive officer, principal, qualifying party or major shareholder ever been issued a Cease and Desist Order for unauthorized practice during the time you were associated with the organization? If yes, attach a written explanation and current disposition. **Yes** **No**
5. Have you ever been arrested, charged, indicted, convicted of, pled guilty or nolo contendere to a criminal offense (other than minor traffic violations)? **Yes** **No**  
(In addition to the written explanation, submit an official statewide criminal background check from the state in which the incident(s) occurred.)
6. Are you currently licensed in the building trade in any other state? **Yes** **No**  
a. If yes; what states: \_\_\_\_\_
7. Have there been any judgments, liens or claims filed against you or any business entities you have been associated with in the past 5 years? (If yes, submit official documentation) **Yes** **No**
8. Are you currently delinquent with child support obligations? **Yes** **No**

## F. WORK EXPERIENCE

**Please submit 3 written letters of reference outlining your work experience in the trades you have checked below. (Personal, Supplier, or Other)**

Check below the classification(s) in which you wish to become registered and indicate in the space provided the number of years of experience you have acquired in each classification.

VINYL/ALUMINUM SIDING \_\_\_\_\_ YEARS the installation, alteration and repair of vinyl and aluminum siding common to the residential building industry:

INSULATION INSTALLER \_\_\_\_\_ YEARS the installation, alteration and repair of insulating materials for the purpose of temperature or sound control, excluding any exterior roofing materials such as foam and reflective coating common to the residential building industry

ROOFING \_\_\_\_\_ YEARS the installation, alteration and repair of materials common to the residential building industry that form a water tight, weather resistant surface for roofs and decks, including all accessories, flashing, valleys, gravel stops and roof insulation panels above the roof deck:

FLOOR COVERING \_\_\_\_\_ YEARS the installation, replacement and repair of floor covering materials and related accessories including preparation of the surface to be covered: included are materials manufactured of asphalt, vinyl, rubber, linoleum, and carpet.

MASONRY \_\_\_\_\_ YEARS the installation, alteration and repair of poured-in-place concrete foundations (e.g. footings or reinforced slabs), brick, concrete block, and products common to the masonry industry, including mortarless types and synthetic masonry products common to the residential building industry:

DRYWALL HANGER \_\_\_\_\_ YEARS the installation, alteration and repair of plaster, gypsum wall board, pointing, accessories, taping and texturing on structures both interior and exterior common to the residential building industry:

CARPENTER \_\_\_\_\_ YEARS the installation, alteration and repair of rough and general carpentry work on new and existing structures including accessories and related hardware common to the residential building industry:

STUCCO INSTALLER \_\_\_\_\_ YEARS the installation, alteration and repair of stucco finishes, including Exterior Insulation and Finish Systems (EIFS), which is defined as multi-layered exterior wall systems consisting of a durable water proof finish coat, a reinforced base coat, and insulation board, all secured to plywood or other substance by means of an adhesive and/or mechanical attachment.

PAINTER/WALL PAPER \_\_\_\_\_ YEARS the application of materials common to the painting and decorating industry for protective or decorative purposes, includes surface preparation, caulking, sanding and cleaning preparatory to painting common to the residential building industry: and the installation, alteration and repair of surface coverings such as vinyls, wallpapers, and cloth fabrics, decorative texturing, taping and finishing of drywall in conjunction with surface painting only common to the residential building industry.

## Privacy Act Disclosure:

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

## F. SIGNATURES

I certify that all statements contained herein are true and correct to the best of my knowledge. **I understand that I am authorized to do business only in the trades I have requested above and I am not authorized to use sub-contractors.** I further understand that the information provided or in connection with this application may be investigated and verified, and false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

Notary for the State of: \_\_\_\_\_

My Commission Expires \_\_\_\_\_

## NOTES:

1. All Registrations expire on June 30<sup>th</sup> of every odd year, regardless of when the license is issued.
2. It is the individual's responsibility to notify this office of any changes of address or employment.
3. All applicants must submit to a credit check as part of the application process pursuant to Section 40-59-250(A).
4. Submit a copy of **one** of the following valid forms of identification:  
State Issued Drivers License,  
State Issued ID  
Passport



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

**Check only one box:**

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.)

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

# LICENSE BOND

**BOND NUMBER:** \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS** that we \_\_\_\_\_, as Principal, and \_\_\_\_\_, a Surety Company authorized to do business in the State of South Carolina, as Surety, it's successors, assigns, and legal representatives are held and firmly bound unto the South Carolina Residential Builders Commission, State of South Carolina and any homeowner sustaining loss or damage within the terms of this bond for payment, as obligee in the sum of \_\_\_\_\_ Thousand Dollars (\$\_\_\_\_,000.00) lawful money of the United States of America. We bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, the above bonded Principal has applied to the South Carolina Residential Builders Commission pursuant to Section 40-59-10 *et seq.* of the 1976 Code of Laws of South Carolina, as amended (the Act), to be granted an authorization to engage in residential construction as a:

\_\_\_\_\_ Residential Builder/Certificate of Authorization (\$15,000)

\_\_\_\_\_ Licensed Residential Specialty Contractor (HVAC, plumber, or electrician) (\$10,000)

\_\_\_\_\_ Registered Residential Specialty Contractor (\$5,000); and

**WHEREAS**, the above bonded Principal is required in Section 40-59-220 of the Act to furnish the Commission with a good and sufficient surety bond as one method of complying with one of the conditions upon which the authorization is granted.

**NOW, THEREFORE**, the condition of this bond is such that if the above bonded Principal shall in all respects comply with the rules and regulations pertaining to the International Residential Code and Health and Safety requirements in this state, then this obligation shall be void; otherwise it is to remain in full force and effect.

This bond is in full force and effect as to the above statutory and regulatory obligations of the Principal for the license term of \_\_\_\_\_ through \_\_\_\_\_ unless renewed by continuation certificate; however, the Surety shall have the right to cancel this bond at any time by filing written notice with the South Carolina Residential Builders Commission of its intention to so cancel, giving at least thirty (30) days notice prior to the effective date of the cancellation. This provision, however, shall not operate to relieve, release or discharge the Surety from any liability already accrued or which shall accrue before the expiration of the thirty (30) day period.

Regardless of the number of years this bond may remain in force or the number of claims against this bond, the liability of the Surety shall not be cumulative and the aggregate liability of the Surety for any and all claims, suits or actions under this bond shall not exceed the sum of \_\_\_\_\_ Thousand Dollars (\$\_\_\_\_,000.00) for any license year.

Claims may be initiated through authorization by the Commission which will validate the claim and determine the amount of the loss or damages. No complaint may be maintained to enforce any liability on this bond unless brought within eight (8) years after the event giving rise to the cause of action. No right of action shall accrue upon or by reason of this bond to or for the use or benefit of anyone whatsoever other than the Commission or any homeowner sustaining loss or damage within the terms of this bond for payment.

Witness our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Surety Company (Print)

\_\_\_\_\_  
Name of Principal (Print)

By: \_\_\_\_\_  
Signature of Surety (Attorney-in-Fact)

By: \_\_\_\_\_  
Signature of Principal